

# How to File an Insurance Complaint

 west virginia  
OFFICES OF THE  
**INSURANCE**  
COMMISSIONER





# A Message from Our Office

The West Virginia Offices of the Insurance Commissioner received nearly 2,500 insurance related complaints last year. We expect that number to be even higher in years to come as more people realize how serious we are about helping them solve their insurance problems.

We have prepared this publication to make filing an insurance complaint easier for you. It gives a step-by-step explanation of what you can expect from us once you have filed your complaint.

Helping you with your insurance disputes is one of the most important services we provide. We hope the tips we have included here will give you the help you need if you are thinking of filing an insurance complaint.



## What The WV Offices of the Insurance Commissioner Can Do For You

- Protect you by enforcing West Virginia laws
- Provide you with consumer information
- Help you with insurance complaints involving:
  - \* Sales and policyholder services
  - \* Premium rates/refunds
  - \* Cancellations/non-renewals
  - \* Claim delays/denials
  - \* Settlement issues and other insurance related matters

A copy of the complaint form is incorporated in this brochure. You may also obtain a copy of the form by calling the Consumer Service Division at:

**1-888-TRY-WVIC**

or by downloading a copy from our website at:

**[www.wvinsurance.gov](http://www.wvinsurance.gov)**

## How To Complete the Complaint Form

Please complete the Complaint Form with as much information as you have available. You may attach additional sheets as necessary.

It is important that you provide a complete description of the circumstances leading up to the filing of the complaint. If a claim for insurance benefits is involved, whether from your own company or that of another party, please include a detailed statement of the facts. Tell us what happened (who, what, when, and where). If there is a dispute regarding who was at fault, tell us what you think and why.

If you have been in contact with an agent, adjuster or another representative of an insurance company, we will need those phone numbers so we can contact them on your behalf.

The Complaint Form must be signed and dated, providing authorization for us to proceed. A complaint filed on behalf of a corporation must be signed by an officer of the corporation. A complaint filed by legal counsel must be signed by the client. If you have questions about this form, contact The WV Offices of the Insurance Commissioner's Consumer Service Division.



## What Should You Send With Your Complaint Form (Send COPIES Only)

- Letters you have written and received from the company or agent
- Letters from other parties relative to the situation
- Your policy or excerpt of benefits
- Relevant sales literature
- Your insurance ID card if possible

## The Complaint Process

- Within two weeks of filing, you will receive an acknowledgement letter stating your file number and the name of the complaints specialist in charge of reviewing your complaint.
- The WV Offices of the Insurance Commissioner will send a copy of your complaint to the company or other appropriate parties and ask for an explanation of their position.
- All responses will be reviewed to assure the problem has been properly addressed. This may result in additional communications between specialists, the company or other parties.

## Resolution

- The West Virginia Offices of the Insurance Commissioner (WVOIC) will respond in writing with the inquiry results. If no evidence of violation is found, the specialist will advise and explain why the complaint file is being closed.
- If the WVOIC is not satisfied with the company's response, the inquiry will continue.
- If a violation has been found, the WVOIC will pursue administrative action to correct the wrong doing.

## Inquiry Status

- An inquiry usually takes about 60 days, depending on the complexity of the case.
- You will be provided periodic status reports to keep you informed.
- If you have any new information regarding the complaint, put it in writing. Include your file number and send it to your specialist.

## Please Be Aware

The WVOIC *CANNOT* give legal advice, act as your lawyer or interfere in a pending lawsuit. The WVOIC *CANNOT* recommend an insurance company or agent over another, decide disputes based on who is negligent or at fault or decide disputes of medical fact or opinion.

## Important Contact Information

General Information and Consumer Complaints

**1-888-TRY-WVIC**  
**304-558-3386**

Telephone

**1-800-435-7381**  
**304-558-1296**

FAX

**304-558-4965**

Email

**[consumer.service@wvinsurance.gov](mailto:consumer.service@wvinsurance.gov)**

**[www.wvinsurance.gov](http://www.wvinsurance.gov)**



**The West Virginia Offices of the Insurance Commissioner  
Consumer Services Division - Complaint Form**

1. YOUR NAME: \_\_\_\_\_
2. YOUR ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_
3. YOUR TELEPHONE # AND/OR FAX #: \_\_\_\_\_
4. YOUR E-MAIL ADDRESS: \_\_\_\_\_
5. CLAIMANT'S NAME (if different from you): \_\_\_\_\_
6. INSURED'S NAME: \_\_\_\_\_
7. INSURANCE COMPANY AND/OR AGENT: \_\_\_\_\_
8. OTHER INDIVIDUALS OR ENTITIES INVOLVED: \_\_\_\_\_
9. TYPE OF COVERAGE: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_
10. POLICY # (if known): \_\_\_\_\_ CLAIM # (if known): \_\_\_\_\_
11. SPECIFIC POLICY LANGUAGE IN QUESTION (if known): \_\_\_\_\_
12. STATUTORY/ RULE PROVISION(S) IN QUESTION (if known): \_\_\_\_\_
13. REASON FOR COMPLAINT / RELIEF REQUESTED (Please describe the facts and circumstances which form the basis of your complaint. You may attach additional pages if necessary. Please attach copies of any relevant correspondence, policy provisions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Please note that a complaint filed on behalf of a corporation must be signed by an officer of the corporation. In order for this division to take any action on your complaint, you must sign and date this form, indicating your agreement to the following:

I hereby authorize any insurance company, or their representative, to provide to the Offices of the Insurance Commissioner any documents, claim-related data, or other information necessary for consideration of this complaint, including but not limited to any medical records and/or private or personal information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete, sign, date and return the original form and any attachments to:*

Consumer Service Division  
The WV Offices of the Insurance Commissioner  
Post Office Box 50540  
Charleston, West Virginia 25305-0540

Phone: (304) 558-3386  
Toll-free in WV 1-888-TRY-WVIC  
Fax: (304) 558-4965  
[www.wvinsurance.gov](http://www.wvinsurance.gov)



**TRY US, WE CAN HELP!**  
**1-888-TRY-WVIC**

[consumer.service@wvinsurance.gov](mailto:consumer.service@wvinsurance.gov)

**[www.wvinsurance.gov](http://www.wvinsurance.gov)**



**Consumer Service Division**  
**P.O. Box 50540**  
**Charleston, WV 25305-0540**